

# **MINUTES OF THE MEETING OF THE SAN JOAQUIN COUNTY HEALTH COMMISSION**

**December 8, 2021**

**Health Plan of San Joaquin – Via GoTo Meeting Webinar**

## **COMMISSION MEMBERS PRESENT:**

Greg Diederich, Chair  
Neelesh Bangalore, MD  
Michael Herrera, DO  
Brian Jensen  
Kathy Miller  
Christine Noguera  
Jay Wilverding  
Chuck Winn  
John Zeiter, MD

## **COMMISSION MEMBERS ABSENT:**

Elyas Parsa, DO

## **STAFF PRESENT:**

Michael Schrader, Chief Executive Officer  
Michelle Tetreault, Chief Financial Officer  
Dr. Lakshmi Dhanvanthari, Chief Medical Officer  
Cheron Vail, Chief Information Officer  
Sunny Cooper, Chief Compliance Officer  
Lizeth Granados, Chief Operations Officer  
Evert Hendrix, Chief People Officer  
Quenny Macedo, County Counsel  
Sue Nakata, Executive Assistant to CEO and Clerk of the Health Commission

## **CALL TO ORDER**

Chair Diederich called the meeting of the Health Commission to order at 5:00 p.m.

## **PRESENTATIONS/INTRODUCTIONS**

Chair Diederich congratulated Lani Shiff Ross, former Director of First 5 San Joaquin on her retirement. Lani's partnership with HPSJ for the past 20 years has not gone unnoticed with her outstanding commitment and service to the member families in San Joaquin County.

Commissioner Miller also acknowledged Ms. Ross, noting that she was outstanding in her role at First 5 and had demonstrated leadership and diligence in reaching out to our communities, making sure the children are always a priority in San Joaquin County.

Due to conflicting schedule, Ms. Ross was unable to attend the Health Commission meeting. Lizeth Granados, COO thanked the Commission on her behalf.

## **PUBLIC COMMENTS**

No public comments were forthcoming.

## **MANAGEMENT REPORTS**

1. Michael Schrader, CEO provided an update on county-wide averaging, Covid-19 vaccination efforts and testing coverage and new programs launching January 2022, highlighting the following:

### **County-wide Averaging**

Mr. Schrader reported that DHCS sets new capitation rates for Medi-Cal Managed Care plans at the beginning of each year. For plans in the two-plan model like HPSJ, the DHCS rate-setting process includes a step called countywide averaging. For higher cost plan's like HPSJ, DHCS lowers the capitation rate to the average. For the lower cost plan like our commercial competitor, DHCS raises the capitation rate to the average. As a result, through countywide averaging each year more than \$200M (including \$10-20M for HPSJ) gets transferred from the public local initiative (LI) health plans to commercial plans.

LI plans assert that that countywide averaging is flawed and unfair because it does not fully account for member acuity. LI's have a much higher proportion of high-acuity members and a much lower proportion of members that are non-utilizers than our commercial competitors.

While there has been progress in discussions with DHCS, the wheels continue to turn too slowly. A possible next step is legislation to compel DHCS to immediately scale back the blend from 75% countywide averaging to only 50% and to work with plans on special adjustments that factor for the highest acuity members (the outliers) that the Mercer risk-adjustment model does not fully capture. Our association, the Local Health Plans of California has developed draft language for a bill and identified possible authors.

### **Covid Vaccinations**

HPSJ continues efforts to get members vaccinated against Covid-19, paying incentives to federally qualified health centers (FQHCs) to vaccinate our members. HPSJ's FQHC partners include San Joaquin County Clinics, Community Medical Centers, Stanislaus Health Services Agency Clinics and Golden Valley Health Centers.

A total of 30 vaccination clinics are to be held by the end of the year: 8 in October, 13 in November, and 9 planned for December. The clinics have been held at various locations in San Joaquin and Stanislaus counties, including churches, schools, housing authorities, and even Taco Tuesday events with El Concilio.

The role of HPSJ has largely been outreach. For the vaccination clinics in the community, HPSJ has been sending text messages and placing outbound calls to members. For the regular clinic locations and hours, HPSJ has been mailing postcards that are co-branded with the clinics. For general outreach, HPSJ launched an “Ask, Learn, Decide” campaign that includes flyers, posters and print ads, along with a video to be played in the office waiting rooms of providers.

In November, DHCS released a ranking of 104 plan-county contributions. Based on the percentage of members that have at least one dose, HPSJ was ranked 42 for San Joaquin County and 50 for Stanislaus County.

Chair Diederich stated that he is very pleased with the vaccination rates compared to other counties. He also stated that Dr. Park announced that the Pfizer vaccine is the only one available for children, and that the County is looking for opportunities to vaccinate more children.

### Covid-19 Testing

On October 8, 2021, Governor Newsom signed Senate Bill 510 into law. The Bill requires that Managed-Care plans pay for Covid-19 testing for both diagnostic and screening purposes for their members. Screening includes testing for health plan members who are workers, students, a person before or after travel, and a person at home who does not have symptoms.

The Bill requires that health plans reimburse out-of-network providers for Covid-19 testing at the prevailing market rate, which has yet to be defined. The Bill is effective January 1, 2022, retroactive back to March 4, 2020, and extends through the duration of the Covid-19 State of Emergency.

Both associations that HPSJ belongs to (LHPC and CAHP) have raised significant concerns regarding the Bill. Prior to the signing, LHPC had requested, unsuccessfully, that the Governor veto the Bill because of the requirement that health plans reimburse out-of-network providers at the prevailing market rate, which is undefined. After the signing, CAHP filed a legal suit challenging the retroactive provision for health plans to reimburse providers for Covid-19 testing services back to March 4, 2020

Chair Diederich asked how Covid-19 over-the-counter testing can be funded. Mr. Schrader responded that the over-the-counter, at-home test kits are stocked by pharmacies based on supply-chain issues of course, and effective January 1, 2022 the pharmacy benefit will be carved out from the Medi-Cal Managed Care Plans and the responsibility of the state's vendor Magellan.

### Programs Launching January 2022

Final preparations are underway at HPSJ for three new programs and services that will launch on January 1, 2022:

- Medi-Cal Rx will be a major transition of the pharmacy benefit from the 24 Medi-Cal Managed Care Plans to the state's vendor. Magellan will be responsible for prescriptions billed by retail pharmacies for all 14 million Medi-Cal beneficiaries across the state, including HPSJ members. On November 1, DHCS sent 60-day advance notices to all Medi-Cal members. On December 1, HPSJ sent 30-day notices and new ID cards to our 385,000 members.
- Enhanced Care Management (ECM) and Community Supports will launch on January 1, 2022 in San Joaquin County and on July 1, 2022 in Stanislaus County. ECM is a comprehensive set of supports that addresses a member's physical, behavioral, and social needs. ECM is intended for the top 1-2% of Medi-Cal beneficiaries who have the highest risk and most complex needs. Members who qualify for ECM must opt-in, since care

management is something the member must want. Providers for ECM will include San Joaquin County Health Services Agency for those members with severe mental illness, substance use disorder, and the justice involved population. Providers for ECM will also include San Joaquin County Clinics, Community Medical Centers, and MedZev for all other high-risk and high-acuity HPSJ members. Community Supports are substitutes for more expensive Medi-Cal benefits. The seven Community Supports that HPSJ will initially cover are related to homelessness and include:

- Housing transition
- Housing deposits
- Housing tenancy and sustaining services
- Recuperative care (Medical Respite)
- Short-term post-hospitalization housing
- Medically tailored meals
- Sobering centers
- Providers for Community Supports will include:
  - Housing Authority of San Joaquin County
  - Central Valley Low Income Housing Corporation
  - Stockton Homeless Shelter
  - STAND
  - Gospel Center Rescue Mission
  - MedZev
  - GA Foods
  - Moms Meals
  - Community Medical Centers
- Major Organ Transplants (MOT) is a carve-in of responsibility to Medi-Cal Managed Care Plans, including HPSJ. HPSJ will cover MOT for adults and any MOT for children that the county CCS offices do not cover. HPSJ already covers kidney and cornea transplants. HPSJ will also become newly responsible for:
  - Bone marrow
  - Heart
  - Intestine
  - Liver
  - LungHPSJ's will provide members with care coordination for:
  - Pre-transplantation assessments
  - Organ procurement costs
  - Hospitalization
  - Surgery
  - Discharge planning
  - Readmissions from complications
  - Postoperative services
  - Transportation and lodging for both transplant recipients and living donorsMOT organ transplant procedures must be performed in hospitals that are CMS approved as Centers of Excellence for transplants for specific types of organs.

Chair Diederich asked if DHCS is requiring HPSJ to have a network of Centers of Excellence. Mr. Schrader responded that HPSJ will be completing case-by-case Letters of Agreement with UCSF until a contract can be executed, which is dependent on DHCS finalizing the rates that Medi-Cal Managed Care Plans must pay UC Health Centers for transplants for facility services.

Commissioner Zeiter asked how DHCS will fund HPSJ for the coverage of major organ transplants. Mr. Schrader responded that DHCS will increase HPSJ's PMPM capitation rates and establish a

symmetrical risk corridor, which will protect HPSJ from significant losses if the capitation rates are too low and protect DHCS if the capitation rates are too high.

### **CONSENT CALENDAR**

Chair Diederich presented four consent items for approval, noting that the Finance and Investment Committee meeting was not held on 12/1/21 due to lack of quorum:

2. November 17, 2021 SJC Health Commission Meeting Minutes
3. Community Advisory Committee – Joint SJC and Stanislaus – 11/18/2021
  - a. Community Health Needs Assessment (CHNA) San Joaquin County Focus Group
4. Human Resources Committee – 12/1/2021
  - a. October 14, 2021 Meeting Minutes
  - b. Policy Updates
  - c. Engagement Pulse Survey Results
5. Finance and Investment Committee – 12/1/2021
  - d. October 20, 2021 Meeting Minutes

Chair Diederich also acknowledged management on the great work they are doing to improve the Engagement Pulse Survey under each domain. Outstanding news on overall results and that HPSJ is trending in the right direction with efforts being made to connect with staff.

**ACTION:** The motion was made (Commissioner Miller), seconded (Commissioner Jensen) and unanimous to approve consent items 2, 3 and 4 as presented (10/0). Item 5 is deferred to January 26, 2022 meeting on resubmission for approval.

### **REPORT ITEMS**

6. Resolution 2021-08: AB 361 (Rivas) – Brown Act Teleconferencing Requirement for Public Meetings for January 5, 2022 Health Commission Meeting

Mr. Schrader presented for approval Resolution 2021-08: AB 361 (Rivas) – Brown Act Teleconferencing Requirement for Public Meetings for January 5, 2022 Health Commission Meeting. Mr. Schrader stated that prior to the meeting he consulted with Chair Diederich and understands that while the intention is to resume in-person meetings of the Health Commission starting on January 26, 2022, for which staff are ready, we want to allow more time before making a definitive decision, so to observe Covid-19 trends in the community, especially with the Omicron variant and the holidays.

For there to be more time, the Health Commission would need to renew the 30-day resolution without any lapses, therefore, renewing the resolution at this December 8 Health Commission meeting and again at the Special Meeting of the Health Commission on January 5, 2022.

Chair Diederich stated that the resolution allows the Health Commission flexibility to keep the meeting options open in case there is an uptick in Covid-19. The intent is to hold the January 26, 2022 meeting in-person.

Commissioners Herrera and Jensen agreed with the proposal and stated that the Commission should pass the resolution, having flexibility and options open for a virtual meeting due to the uncertainty with Covid-19.

Commissioner Wilverding stated SJC offices has been operating in-person since the beginning of the pandemic and is having a hard time seeing the risk with holding the commission meeting in-person.

He also noted that there is more value in holding a meeting in-person and would like to be in-person as soon as possible.

Commissioner Winn agreed with Commissioner Wilverding in having more value with in-person meetings, however, there is much concern for exposure if a meeting is held in-person. He then asked if there is flexibility to hold a hybrid meeting with those not comfortable to be present if they are able to log-in remotely. Mr. Schrader responded that the resolution would need to continue to be passed every 30 days without lapses to give the Health Commission flexibility to meet either online with remote participation or hybrid with in-person and remote participation. Yet, a continued resolution would also not prevent the Health Commission from meeting in-person. Staff are ready to support an in-person, hybrid, or online meeting, whatever is the direction from Chair Diederich. Should the resolution lapse, the Health Commission would need to comply with the prohibitive teleconference requirements in the Brown Act and thus meet in-person. County Counsel Macedo agreed to the affirmative.

**ACTION:** With no further questions, the motion was made (Commissioner Jensen), seconded (Commissioner Herrera) with one abstention (Commissioner Wilverding) to approve Resolution 2021-08: AB 361 (Rivas) – Brown Act Teleconferencing Requirement for Public Meetings for January 5, 2022 Health Commission Meeting as presented (9/1).

## 7. October 2021 Financial Report

Ms. Tetreault presented for approval, the October 2021 YTD financial statements, noting that the company had another favorable month, highlighting the following:

- Net Income fiscal YTD
  - \$24.5M and \$28.2M favorable to budget
  - TNE is 786%
  - Liquid Reserves is at 3.5 months of premium revenue and 3.7 months of medical expenses
- Membership
  - Member months are unfavorable to budget by 14,208 in SJC and by 7,663 in Stanislaus
  - For San Joaquin YTD, membership is unfavorable to budget for TANF and ACA
  - For Stanislaus YTD, membership is unfavorable in TANF, SPDs and ACA
- Revenue
  - Premium revenue is \$4.4M unfavorable to budget driven by the unfavorable membership variance
- Medical Expenses
  - Medical Expenses are \$6.1M favorable to budget. All categories of expense are favorable to budget except capitated services
  - The favorable variance primarily due to lower utilization than expected. When the budget was prepared the assumption was utilization would increase and included a factor for pent up demand. With the intermittent surges of Covid-19, utilization of elective procedures has not reached the levels assumed in the budget

- Administrative Expenses
  - Administrative expenses are \$4.4M favorable to budget primarily due to lower than budgeted consulting and purchased services expenses

Ms. Tetreault also noted that management had anticipated a loss of \$3.7M in October, instead, the company is at \$24M favorable bottom line, due to prior period adjustments related to IBNR. In June financials, management was conservative with projections due to increase utilization assumptions pre-pandemic, however, utilization anticipated did not materialize. While utilization increased, it did not maintain the level as anticipated.

Pharmacy will be transitioned back to the state as of January 1, 2022 and any favorability will likely be reduced because HPSJ will only be responsible for inpatient vs. out-patient costs.

HPSJ is experiencing a 1500-1800-member growth per month; anticipate this will turn around after health emergency concludes this calendar year. Membership redetermination will start back up in January which will take the full calendar year of 2022 to determine final numbers.

**ACTION:** With no questions or comments, the motion was made (Commissioner Zeiter) seconded (Commissioner Jensen) and unanimous to approve the October 2021 YTD financial report as presented (10/0).

#### 8. QMUM Committee Meeting Update – 11/17/2021

Dr. Lakshmi Dhanvanthari, CMO submitted for approval the QM/UM Committee meeting report for 11/17/2021, highlighting the following committee meetings, work plans, program descriptions and reports that were reviewed and approved:

- UM Program Description
  - Annual review of UM Program Description – The UM Program Description provides a clear definition of authority for the UM Program, its relationship to other departments within the organization, and its accountability to the governing body of the organization. HPSJ's UM Program is designed to promote the delivery of high quality, medically necessary, cost-effective care for HPSJ members. The program is under the administrative and clinical direction of the Chief Medical Officer (CMO)
  - No Major changes from last year
  - UM System control
- IRR Testing Results CY 2021
  - IRR testing is conducted annually
  - All staff involved in UM decision-making must pass IRR with a grade of 90 percent or higher
  - All UM decision-makers were subjected to IRR testing in 2021, which included a total of 62 participants. All staff passed the IRR testing with a scoring range (min-max) of 90.4% to 100%, with a mean average of 99.1%
- Policies (no material changes)
  - CM05 Medi-Cal Waiver Referral
  - CM09 Advance Directive
  - CM10 Palliative Care
  - CM23 Continuity for members terminated Practitioners/Providers
  - GRV02 Grievance Procedure
  - QM05 Facility Site Review
  -

- QOC Annual Evaluation FY 2020-2021
  - Annual Evaluation
    - QI Program Structure
      - Health Plan of San Joaquin's (HPSJ) mission is to "provide healthcare value and advance wellness through community partnerships." In tandem, the vision is to "Continuously improve the health of our community". HPSJ's Quality Management (QM) Program goals are in line with this mission and vision
    - Quality Clinical Care
      - Provider Partnership and MCAS Summary
      - Established in 2016 HPSJ launched its Provider Partnership Program
      - HPSJ also works with provider offices, and internal staff to develop and implement key Quality Improvement Plans throughout the year. Notable projects include:
        - Process Improvement Project (PIP 1) - Cervical Cancer Screening Health Disparity
        - PIP 2-Well Care Visits (WCV)
        - PDSA 1-Prenatal Health Disparity – QI/Pop Health Collaboration
        - PDSA 2-Comprehensive Diabetes Care – Poor A1c Control Health Disparity
        - SWOT – Children's Health Domain
  - Population Health Management and Population Needs Assessment
    - C&L Objective 2020
      - Increase overall utilization of languages assistance services by 8% by June 30, 2021
      - Health Ed Objective 2020 to increase utilization of health education materials and resources by 5%
    - QI Disparity 2020
      - By December 31, 2022, to increase the rate of compliance for cervical cancer screenings among White/Caucasian women ages 24-64
  - Clinical Patient Safety
    - Facility Site Reviews
      - For FY 2020-2021, a total of 48 combined facility site reviews were completed for both San Joaquin and Stanislaus Counties
    - Credentialing and Ongoing Monitoring
      - Health Plan of San Joaquin (HPSJ) conducts credentialing and recredentialing of practitioners to ensure that HPSJ's criteria and standards for participation are met
        - HPSJ Credentialed 680 providers in FY 2020/2021
        - HPSJ Recredentialed 437 Providers in FY 2020/2021
  - Member Experience
    - Grievance in San Joaquin County
      - In FY 20-21, 1,225 Grievances were received for San Joaquin County as compared to 478 cases received in FY19-20 for SJ county. Update in grievance process in April 2021
        - Primary trends include the Quality of Care and Access to Care issues
    - Grievance in Stanislaus County
      - In FY20-21, for Stanislaus county, 865 grievances were received as compared to 356 grievances received in FY19-20 for ST County. This accounts for an increase of 143.0% of total grievances for ST county for the year. The increase in grievances can be attributed to the update in grievance process in April 2021



- Primary trends include the Quality of Care and Access to Care issues
- Appeals in San Joaquin County
  - In FY20-21, 454 appeals were received for SJ county as compared to 149 appeals received in FY19-20. The increase in UM Appeals can be attributed to the following:
    - Denial to non-contracted and out of network authorizations with targeted redirection to in network providers/facilities
    - Change in process for Physical Therapy authorization process change in UM approval decrease from the 75<sup>th</sup> percentile of the MCG down to 25<sup>th</sup> percentile in June
- Appeals in Stanislaus County
  - For Stanislaus county, 265 appeals as compared to 172 appeals in FY 19-20
    - Denial to non-contracted and out of network authorizations with targeted redirection to in network providers/facilities
    - Change in process for Physical Therapy authorization process change in UM approval decrease from the 75<sup>th</sup> percentile of the MCG down to 25<sup>th</sup> percentile in June
- PQIs
  - In FY 20-21, 44 PQI's were received for SJ county and 31 PQI's were received for ST county. The sources of these PQI's were mostly internal staff or grievances
  - The identified trends in both San Joaquin and Stanislaus Counties were:
    - Complications caused by inpatient care and surgery
    - Unsafe discharge from hospital
    - Questionable quality of care
    - Billing and financial issues
- HEDIS
  - Rate Trends- Nearly all measures showed declining compliance over prior year
  - Benchmarks shifted downward for nearly all MCAS measure
  - In San Joaquin County 6 measures met
  - In Stanislaus County 4 measures met
- Initiatives
  - Provider: tip sheets, gap lists, lunch and learns, provider partnership, medication adherence focus
  - Member: outreach, condition management, community partnerships, newsletters
  - Data Interventions
- CAHPS - The Consumer Assessment of Health Plan Providers and Systems
  - Adult survey response rates decreased from 15.8% in 2020 to 14.10% in 2021
  - Child survey response rates increased from 13.4% in 2020 to 16.90%
  - Grievances- change in processing grievances led to increased grievances
  - Initiatives
    - After visits survey targeting FQHCs to focus improvement opportunities
    - Member Focus Newsletter to inform members how to access services

- Identify best practices for provider/member communications & share with network
- Customer Service Access
  - Overall quality metrics exceeded the goal of 90%
  - Focus remains on hiring staff, retention, and training
  - Goals include to increase hiring, and training
- Provider Access including Geo Access, After Hours, and Language Accessibility
  - Geo-Access goals were met
  - After-hours access standards were met
  - Language accessibility standards were met
  - Appointment availability or timely access standards for ancillary providers was met
  - Appointment availability access standards for both routine and urgent appointments for primary care providers were not met
  - Appointment availability access standards for Specialist was not met
- Provider Satisfaction
  - Goals set for provider satisfaction was met with a new satisfaction, and loyalty score of 77%
- Subcommittee Reports
  - Delegation Oversight Committee (DOC) November 2, 2021
    - Open CAPs - Hub MD had the following findings:
      - A lack of a formal Credentialing process
      - Did not provide HIPAA privacy and security policies and procedures for ensuring confidentiality and safeguards of health information
      - Did not provide Fraud Waste and Abuse (FWA) policies and procedures
    - Recommendations for Project Team
      - HubMD to implement a remediation plan to correct all critical findings within 30 days and prioritize all remaining findings (high and medium) to be remediated within 90 days of go-live
      - The contract with HubMD is currently pending DHCS and DMHC approval
  - Quality Operations Committee (QOC) October 21, 2021
    - Grievance, Appeals, PQIs and FSRs Qtr. 1 Updates
      - G/A/PQI: Goals for FY and Planned activities were established to maintain an overall G/A rate below 5 per 1000 by working in collaboration with member services department. Providing feedback to CSR on daily basis and G/A training to CSRs every 6 months or as needed
      - FSR: All scheduled FSR's were completed virtually before the due date except 1 site audit which got out of compliance due to system/technical issues. The site didn't appear in monthly periodic query reports until June 2021. The site was scheduled for audit right away and the system issue was addressed
    - QI/MCAS Qtr. 1 Updates
      - Children's Health Domain
        - Care Gap Clinics (CGF clinics)
        - EPSDT outreach campaign
      - Acute & Chronic Health Domain
        - DM & HTN clinic partnerships
        - DHCS project – CDC > 9 (A1c Poor Control) health disparity PDSA

- COVID partnerships
  - Future MCAS Lunch and Learn for Acute/Chronic measures (TBD)
- Women's Health Domain
  - CGF clinics
  - Mammography with Alinea – being evaluated for continuation or retirement
  - DHCS project – CCS health disparity PIP
  - DHCS project – Prenatal health disparity PDSA
  - Planned future MCAS Lunch and Learn for Women's Health measures (tentative spring 2022; maybe May in honor of Mother's Day)
- HEDIS, CAHPS & BH Qtr. 1 Updates
  - HEDIS interventions
  - Member interventions: Incentives, adherence messaging
  - Provider interventions: Alerts and webinars
  - Data interventions:
    - Manifest Medex data evaluation and remediation
    - EMR key data elements
    - Exclusion coding using authorization data
- Pop Health/Health Education Qtr. 1 Updates
  - Goals:
    - Include Managing members with emerging risk
    - Increasing Patient Safety
    - Managing Members with multiple diseases
      - Improving member communication
      - Starting 1 new health education opportunity with the American Heart Association
      - Improving Engagement
      - Decreasing ER utilization
      - Decreasing inpatient utilization
- Provider Appointment Availability Survey Qtr. 1 Updates
  - Project SOW was developed with vendor and approved
  - G data was compiled and sent by Corp. Analytics to be validated and sent to vendor to prep for survey
  - Survey outreach began the week October 11, 2021
- Geo Access Qtr. 1 Updates
  - HPSJ continues to meet time and distance standards
- Language Access Qtr. 1 Updates
  - Language Access Standards met
- Provider Satisfaction Survey Qtr. 1 Updates
  - Survey is on track for launch at the end of 2021
- Member Call Handling and telephone Access Qtr. 1 Updates
  - Member call quality metrics all met
  - Telephone Access which had the following results:
    - Abandonment-7.10 % which did not meet the goal of less than 5%
    - Service Level-58.85% which did not meet the goal of 80.00%
    - Average Speed of Answer -97 seconds which did not meet the goal of less than 30 seconds

**ACTION:** With no questions or comments, a motion was made (Commissioner Bangalore) and seconded (Commissioner Noguera) to approve the QMUM Committee Report for 11/17/2021, UM Program Description FY 2021-2022, QM Annual Evaluation FY 2020-2021 as presented (10/0).

Peer Review and Credentialing Committee (PRC) – 11/11/2021

- Total Credentialed/Re-Credentialed – Direct Contract Providers: 86
  - Initial Credentialed for 3 years = 46
  - Recredentialed for 1 Year = 3
  - Recredentialed for 3 Year = 23
  - Clean File Credentialed for 3 Years = 9
  - Clean File Recredentialed for 3 Years = 5

**ACTION:** A motion was made (Commissioner Bangalore), seconded (Commissioner Zeiter) with one abstention (Commissioner Herrera) to approve the Peer Review and Credentialing Committee report for 11/11/2021 as presented (9/1).

**INFORMATION ITEMS**

9. Chief Operations Officer Report

Lizeth Granados, COO provide an update on FQHC utilization trends, highlighting the following:

- Five clinics have over 50% of HPSJ's membership
- Based on encounter data which provides a bit of a lag on billing practices for the past year, utilization is picking up with members going in to see their PCPs
- Utilization dropped in the summer months and is now seeing another uptick in the fall; members accessing providers for wellness check-ups
- ER Claims have an overall increase in utilization trends. Management is hopeful that members are seeing their PCPs rather than going to the ER. This is an area that management is continuing to observe and doing a lot of marketing initiatives by promoting members to go to their doctor's office to receive preventative care

Upon reviewing Ms. Granados's report, Chair Diederich asked what the overall specialty access is. Ms. Granados responded that she does not have the data, and that HPSJ does not monitor timely on specialty preventative access.

10. Chief Compliance Officer Monthly Report

Sunny Cooper, Chief Compliance Officer reported on October monthly compliance activities, highlighting the following:

- Fraud, Waste and Abuse (FWA) Incidents
  - (1) FWA incident reported to Compliance for investigation
  - Compliance was alerted by other Northern CA local health plans that there were several reported banking fraud activities which criminals imitated as providers and requested Electronic Fund Transfers (EFT) for claims payments
- Privacy Incident Report (PIR)
  - Twenty-six (26) privacy incidents investigated, potentially impacting 31 members
    - Compliance investigated each incident and determined that none of the 26 incidents identified was reportable (to DHCS/DOJ)
    - Based on investigation, 14 were not privacy incidents while the remaining 12 were identified as incidents that were remediated without breaches

Based on previous reporting to OCR at the federal level based on policy procedure of security practice, 27 items were requested by OCR back to May. After their review in November, HPSJ received a notice that they are closing the case.

- Additional PHI Protection Educational Requirements
  - Based on the analysis of historical privacy incidents between Q1 and Q3 of 2021, HPSJ reported 7 incidents to DHCS/DOJ
    - HPSJ had a total of 108 violations (115 in total) that were mitigated, but not reported to DHCS/DOJ as we were able to remediate these incidents prior to potential breaches
- DMHC and DHCS Annual Audit
  - DHCS Audit
    - The pre-on-site request is for policies, reports, materials, and case files. All requested information was submitted by the deadline
    - DHCS issued the virtual/on-site 4-day interview schedules (12/6 – 12/9) along with topics of interest
    - HPSJ audit team is in the process of finalizing HPSJ interviewees for each session and interview logistics with DHCS
  - DMHC Audit
    - DMHC requested follow-up interviews to be scheduled on 12/14/21
    - As previously stated DMHC estimates a preliminary report will be provided in January
- Delegated Oversight Highlight – 1
  - Currently, six (6) out of nine (9) annual audits are on schedule
  - AxisPoint and VSP's audit are behind schedule, the delay will not affect the audit completion timeline
  - Beacon's annual audit was cancelled
    - Oversight efforts are being completed under a Focus Audit of Claims and other monitoring activities
- Delegation Oversight Highlight – 2: Delegates' improvement on audit results overtime.
  - ChildNet scored 100% in its 2021 audit and had no CAPs. This is an improvement over the results of the 2020 audit
  - HubMD's Pre-Delegation audit results indicate that at the time of the audit, there were some deficiencies with their processes, which were corrected through the CAP process
- Annual Compliance Report
  - By HPSJ's contractual agreement with DHCS, the company is required to submit an Annual Compliance Report to DHCS every January of each calendar year
  - Compliance will summarize the Monthly Compliance reports presented to the Commission during Calendar Year 2021 then submit to DHCS/DMHC before the end of January 31, 2022

## 11. Legislative Report

Brandon Roberts, Government and Public Affairs Manager reported on Medicaid Provisions in the Build Back Better Act, highlighting the following:

- 12-Month Continuous Eligibility for Children

- Requires states to implement 12-months continuous eligibility for all children in Medicaid and CHIP
- 12-Month Coverage for Postpartum Individuals
  - Requires states to permanently extend coverage for postpartum individuals for 12-months post delivery
    - Establishes a new Medicaid state plan option for maternal health homes
    - Includes parts of the Black Maternal Health Momnibus package, such as:
      - Supporting the perinatal workforce, maternal health quality improvements, data systems to track and identify causes of maternal mortality, investments in research by HCBUs on maternal health disparities and implicit bias training
- Expansion Coverage Gaps
  - Expansion states are encouraged to maintain expansions with a 90% FMAP for expansion population from 2023 through 2025
- Permanent Program Funding
  - CHIP (currently funded through 2027)
  - Pediatric Core Measures Program
- Eligibility Maintenance Effort
  - Prohibits states from establishing eligibility standards for enrollees that are more stringent than those in place as of Oct. 1, 2021 through Dec. 31, 2025
    - Imposes penalty of a 3.1% FMAP cut
- Coverage for Justice-Involved Populations
  - Allows Medicaid to pay for health care services for inmates during the 30-day period preceding release
- FMAP Increase Phase-Down
  - Phase down of 6.2% FFCRA FMAP increase by Sept. 2022
    - To 3% April 1, ending June 30
    - 1.5% July 1, ending Sept. 30, 2022
  - Terminate continuous eligibility maintenance of effort requirement
    - Starting April 1 through Sept. 30, 2022, allows states to conduct terminations for enrollees who are no longer eligible for Medicaid if:
      - Enrollees were enrolled for at least 12 consecutive months
      - State conducts full redeterminations based on current Medicaid eligibility rules
      - State undertakes efforts to acquire updated contact info by coordinating with Medicaid MCPs and other health agencies
      - State has twice attempted using 2 modalities to contact individual and after second try provides 30 days-notice to enrollee before disenrollment
      - State does renewals for no more than 1/12 of individuals enrolled in the program per month
      - State submits to the HHS Secretary monthly reports

Chair Diederich asked on federal benefits if CA was at 50% FMAP prior to the pandemic. Mr. Roberts responded to the affirmative, noting that it is conditional for state that adopts standards for more eligibility would be at 3.1% FMAP cut on penalty; incentivizing states to maintain standards.

### **CHAIRMAN'S REPORT**

12. Chair Diederich announced that Chair Jensen has been appointed as Vice-Chair of the Health Commission.

Chair Diederich also welcomed new Health Commissioner, Farhan Fadoo, MD. Dr. Fadoo is the CEO of San Joaquin County Clinics.

### **COMMISSIONER COMMENTS**

No comments were forthcoming.

### **CLOSED SESSION**

*At this time, the Health Commission adjourned to Closed Session at 6:30 p.m.*

13. Conference with Legal Counsel – Existing Litigation  
Government Code Section 54956.9(d)(1)  
Case Name Unspecified: Sutter Mediation

No actions were forthcoming.

*The Health Commission came out of Closed Session at 6:44 p.m.*

### **ADJOURNMENT**

Chair Diederich adjourned the meeting at 6:45 p.m. The next regular meeting of the Health Commission is scheduled for January 5, 2022.